

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 576431

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4		2		2		
5	1		1			
6		1		1		
7		3		2	6	
8		3		2		
9	1		1			
10		3		1		
11		3		3		
12		3		3		
13		3		3		
14		3		3	18	
15		3		3		
16		3		3		
17		3		3		
18	1		1			
19		1		1		
20						
21						
22						
23		5		5		
24		5		5		
25		5		5	25	
26		5		5		
27		5		5		
28		5		5		
29		1		1		
30				3	3	
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50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	66	←		←
TOTAL CLAIMS			66			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						